



Town of St. Albans  
Office of the Development Review Board  
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## SKETCH PLAN REVIEW APPLICATION

ZONING DISTRICT(S): \_\_\_\_\_

FLOOD HAZARD OVERLAY:     YES         NO

DOES THIS PROJECT REQUIRE MUNICIPAL WATER OR WATEWATER?     YES     NO

DOES THIS PROJECT REQUIRE CURB CUT PERMIT(S)?     YES     NO

OWNER(S) OF RECORD: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

911 ADDRESS OF PROPERTY: \_\_\_\_\_ PARCEL ID#: \_\_\_\_\_

APPLICANT IF DIFFERENT THAN OWNER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

### PROFESSIONAL ADVISORS

SURVEYOR: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ENGINEER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_





**HOW DOES THIS PROJECT IMPACT THE COMMUNITY?**

**A) TRAFFIC IN THE AREA**

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**B) SCHOOLS SERVICING THIS PROPOSAL**

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**C) WHAT IS THE PROPOSED WATER AND WASTEWATER TREATMENT?**

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**D) HOW WILL THIS PROPOSAL AFFECT POLICE AND FIRE PROTECTION (PLEASE PROVIDE LETTERS FROM EACH DEPARTMENT ADDRESSING THIS PROPOSAL)**

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**ARE ANY VARIANCES OR WAIVERS OF THE UNIFIED DEVELOPMENT BYLAWS BEING REQUESTED? IF SO, PLEASE LIST EACH REQUEST**

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